

2006 FOR PROFIT CORPORATION REINSTATEMENT

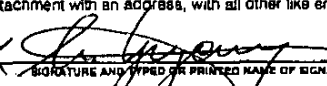
APPROVED
AND
FILED

06 MAY -8 AM 9:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

05-06 JSC

DOCUMENT # P04000068406			
1. Entity Name THROUGHBRED PROPERTIES, INC.			
Principal Place of Business 2700 WEST CYPRESS CREEK ROAD D-134 FT. LAUDERDALE, FL 33300 US		Mailing Address 2700 WEST CYPRESS CREEK ROAD D-134 FT. LAUDERDALE, FL 33309 US	
2. Principal Place of Business 2385 Executive Center Dr. Suite, Apt. #, etc. SUITE 100 City & State Boca Raton, FL Zip 33431 Country US		3. Mailing Address 2385 Executive Center Dr. Suite, Apt. #, etc. SUITE 100 City & State Boca Raton, FL Zip 33431 Country US	
4. FEI Number 20-1057789		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent YUZARY, ANZHELIKA 2700 WEST CYPRESS CREEK ROAD D-134 FT. LAUDERDALE, FL 33300		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2385 Executive Center Drive SUITE 100 City Boca Raton FL Zip Code 33431	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P YUZARY, ANZHELIKA 2700 WEST CYPRESS CREEK ROAD, D-134 FT. LAUDERDALE, FL 33434 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 2385 Executive Center Dr., SUITE 100 Boca Raton, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 300075267509 05/25/06--01014--009 **300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE 		X 5-5-06 X 561-988-1820	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	